

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717314

**Entity Name:** FLORIDA CRIME PREVENTION ASSOCIATION INCORPORATED**Current Principal Place of Business:**1300 FIRST AVE NORTH  
ST. PETERSBURG, FL 33705**Current Mailing Address:**P.O. BOX 4176  
WINTER PARK, FL 32793 US**FEI Number: 83-0382931****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELLS, WILLIAM  
1300 FIRST AVE NORTH  
ST. PETERSBURG, FL 33705 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	WELLS, WILLIAM
Address	1300 FIRST AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33705

Title	T
Name	HAYS, NELL
Address	434 FERNLEAF AVE.
City-State-Zip:	SEBRING FL 33852

Title	D
Name	BERMUDEZ, JOSEPH
Address	9105 NW 25 STREET
City-State-Zip:	MIAMI FL 33172

Title	V
Name	GONSALVES, WILLIAM
Address	355 RIVERSIDE CIRCLE
City-State-Zip:	NAPLES FL 34102

Title	S
Name	PAYNE, STACEY
Address	14750 SIX MILE CYPRESS PARKWAY
City-State-Zip:	FORT MYERS FL 33912

Title	D
Name	BURNS, NANCY
Address	2825 MUNICIPAL WAY
City-State-Zip:	TALLAHASSEE FL 32304

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NELL HAYS****TREASURER****02/02/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date